

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

Serial No. _____

App. No. 10053243

AMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	NO	DEP	NO	DEP	NO	DEP
1						
2						
3						
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50						
TOTAL NO						
TOTAL DEP						
TOTAL CLAIMS						

	NO		DEP		NO		DEP		NO		DEP	
51												
52												
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100												
TOTAL NO												
TOTAL DEP												
TOTAL CLAIMS												

MAXIMUM ALLOWED TOTAL CLAIMS: 100